

Bayrose Limited

Pathways Support

Inspection report

Office 12 Fratton Community Centre
Trafalgar Place
Portsmouth
Hampshire
PO1 5JJ

Tel: 02392873005

Website: www.pathways-support.co.uk

Date of inspection visit:
25 July 2022

Date of publication:
23 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Pathways support is a supported living service providing the regulated activity personal care. The service provides support to adults with a mental health need, learning disability or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were seven people receiving a personal care service.

Care was provided in shared houses for up to four people. Each person had their own bedroom and shared communal facilities such as lounges, kitchen/dining rooms and gardens.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This focused inspection covered safe and well-led. Based on the information reviewed and feedback from staff, relatives, people and external professionals the service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

The model of care and setting maximised people's choice, control and Independence. Care was person-centred and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

Right Support

People were supported by staff who knew how to prevent and manage risks and keep them safe from avoidable harm whilst enabling them to fully enjoy life. The service's arrangements for controlling infection were effective. People received their medicines safely, there were sufficient staff to meet people's needs and safe recruitment and induction procedures were followed.

Right care

An integrated risk assessment and care planning system helped ensure people received personal care and support tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected.

Right culture

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People, family members and an external professional were positive about all aspects of the service. The management team understood their responsibilities and had safe systems in place to ensure these were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (Published 28 February 2019) and there were breaches of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted due to the time since the previous inspection. We carried out an announced comprehensive inspection of this service on 22 January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicines management, submission of statutory notifications and governance of the service. Statutory notifications are information the provider is legally required to send to CQC.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pathways support on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Pathways Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post. The registered manager was also the provider.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider/registered manager would be in the office to support the inspection and to enable the people using the service to understand and consent to the inspector visiting their supported living houses.

Inspection activity started on 25 July 2022 and ended on 28 July 2022. We visited the location's office on 25 July 2022.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who received care and support and three family members of people who received care and support. We received feedback from one healthcare professional. We spoke with the provider/registered manager, project manager and five staff members. We reviewed a range of records including risk assessments and care plans, medicines records and a variety of records relating to the management of the service, including quality assurance records, recruitment records, training information and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection completed in January 2019 inspectors highlighted concerns in relation to the management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008. At this inspection we found the provider had made the necessary improvements and was no longer in breach of regulation 12.

- Suitable arrangements were in place for obtaining, storing, administering, recording, disposing safely of unused medicines and auditing of medicines systems.
- People confirmed they received their medicines as prescribed. Guidance was in place to help staff understand when to give 'as required' (PRN) medicines and in what dose. A person said, "Yes, the staff always remember my pills."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was confirmed via training records and statements made by care staff.
- There were effective systems in place to help ensure topical medicines were used as prescribed. The date topical creams had been opened was recorded, to help ensure they were not used beyond their safe 'use by' date.
- Audits of medicines and medicines administration records were undertaken to identify any discrepancies and ensure records of administration were fully completed.

Assessing risk, safety monitoring and management

At the last inspection completed in January 2019 inspectors highlighted concerns in relation to the assessment and management of some risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008. At this inspection we found the provider had made the necessary improvements and was no longer in breach of regulation 17.

- There were systems and processes in place to mitigate risks to people. Care plans identified risks to people and included relevant information for the management of these risks.
- Information was available for staff about people's individual risks and the plans in place to mitigate them. Staff had a good understanding of potential risks to people and how to manage these risks. Risks to people were reviewed regularly and updated with changes when required.
- The registered manager understood people's rights to undertake some activities which included an element of risk. This enabled people to be as independent as possible.
- The registered manager described business continuity plans which were place to ensure that people received appropriate support during crisis situations such as an unexpected lack of key staff.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe and had no concerns for their safety when supported by staff. Comments included, "I feel safe" and "I'm happy."
- The registered manager and project manager were aware of their responsibilities to safeguard people from harm and abuse.
- Staff told us they had received safeguarding training and demonstrated an understanding of the reporting procedures to follow if concerns were raised. Staff were able to describe how they would escalate concerns internally and if not taken seriously, who they would refer to externally, including the Local Authority or Care Quality Commission.
- The registered manager, project manager and staff understood how to apply the principles of the Mental Capacity Act to ensure people had maximum choice and control over their lives. Where people were not able to make an informed choice regarding their medicines or care appropriate procedures to support them in their best interests had been applied. This helped safeguard people from the risk of abuse as their legal rights were protected.
- There were systems and processes in place to protect people with protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity. The provider and staff were aware of these and provided people with appropriate person-centred support.

Staffing and recruitment

- There were enough suitable staff available to keep people safe.
- People said they were supported by a consistent staff team, with staff they know and felt comfortable with. We observed interactions between staff and people. These were seen to be warm and friendly with staff clearly understanding people's needs, interests and communication styles well.
- The staffing levels were based on people's individual support needs. When required existing staff told us they undertook additional shifts to ensure appropriate staffing was provided.
- There were safe and effective recruitment procedures in place. We reviewed three recruitment records and found all necessary recruitment checks had been completed prior to employment. This included disclosure and barring service (DBS) checks, obtaining up to date references and explanation of any gaps in employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. Staff confirmed they had received infection control training and were testing for COVID – 19 on a regular basis. People told us staff wore face masks.
- The service had adequate PPE supplies to keep people safe from infection. Staff ensured hand hygiene was promoted for people's safety and provided necessary supplies for people to keep themselves safe. For example, when we visited people in their own homes staff always directed us to hand sanitising gel on arrival.
- The service had up to date policies and procedures for the safe management of infections. The registered manager ensured any updates to these were promptly shared with all staff.
- The registered manager had suitable plans in place to manage an infection outbreak, this helped ensure people could lead a fulfilling life, safely.

Learning lessons when things go wrong

- Should an incident or accident occur, the provider had procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence. For example, when one person had fallen when

using the shower, action had been taken to provide an additional non slip bathmat as the one in use was identified as being too small contributing to the accident.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At the last inspection completed in January 2019 inspectors identified that the provider had failed to notify CQC of all incidents as required and that there were limited systems in place to monitor the quality of the service. This was a breach of Regulation 18 of the Care Quality Commission (registration) Regulations 2009 and regulation 17 of the health and Social care Act 2008. At this inspection we found the provider had made the necessary improvements and was no longer in breach of these regulations.

- Since the previous inspection notifications had been received as required and a discussion with the registered manager showed they understood what they needed to notify CQC about.
- Following the previous inspection, the provider had introduced new quality monitoring systems. They had contracted with a service which provided a full range of policies and procedures which were updated whenever necessary. This service also provided a full range of audit tools and forms for the safe provision of care. Audits were now in place covering all key aspects of the service such as medicines, care records, infection control and overall audits of the service people were receiving.
- There was a clear management structure in place, consisting of the provider who was also the registered manager, project managers, senior staff within each supported living house and care staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Working in partnership with others

- People were very positive about all aspects of the service. Comments included, "I really like living here", and "I'm happy". Family members were also very positive. One family member told us "If I wasn't happy [my relative] wouldn't be there." A healthcare professional told us, "Pathways are very person centred no matter what the issues the person has in their life and are focused on realising people's potential and promoting independence."
- The management team [manager and project manager] had a clear vision, values and objectives for the service. These included, to deliver a service tailored to meet people's individual support needs; promoting independence and that people should live happy fulfilling lives.
- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences. One health care professional told us, "Communication is very good and direct support staff and management are very responsive." They added that the management team were always approachable and "Any issues/concerns have been responded to effectively."

- The service had received a recognition award from the local learning disabilities team. This was to reflect the positive impact the service had had on the people it supported.
- Staff were very positive about the management team. One staff member said, "They are very focused on the people that live here and what they need." Another staff member said, "I'm able to talk to them [registered manager and project manager], they are very supportive."
- People and family members were aware of who the provider/registered manager was and confirmed that they felt able to approach them should they wish to do so. The registered manager and project manager worked some shifts providing support for people when required. They identified this helped ensure they knew people well and hoped this would help ensure people felt able to approach them if the need arose.
- There was a consistent staff team and staff worked well together. Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "It's a really good place to work we all get on well and all work as a team."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their family members were consulted about the service in a range of formal and informal ways. All were able to name the project leader and registered manager and said they were confident to raise any issues with them. They described how when issues had been raised these were always appropriately responded to by the management team.
- Staff spoke positively about the registered manager and project manager and told us they felt valued and listened to by them. Staff members all said they could approach the registered manager should the need arise and were confident action would be taken if required. The registered manager said they had an 'open door' approach, meaning staff could raise any issues or questions at any time.
- People were receiving care and support which reflected their diverse needs in respect of the protected characteristics of the Equality Act 2010. Equality and diversity training was included as part of the formal induction training all new staff completed. People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when adverse incidents or accidents occurred. This was discussed with the registered manager who was able to demonstrate this would be followed when required.